

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>HB</i>	<i>JC-916</i>	<i>02/16-01</i>
RESPONSE FORMALITY REVIEW	<i>HB</i>	<i>626</i>	<i>04/30/01</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 +/- Restricted O Objected

Claim	Date
Final	
Original	
1	12/01
2	✓
3	✓
4	✓
5	✓
6	✓
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47	✓
48	✓
49	✓
50	✓

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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